CLAIMS ONLY

SERIAL NO.	FILING DATE
09 878943	06-11-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY

CLAIMS ONLY

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
101		1				
102		1				
103		1				
104		1				
105		1				
106		1				
107	1					
108		1				
109		1				
110		1				
111		1				
112		1				
113		1				
114		1				
115		1				
116	1					
117		1				
118		1				
119		1				
120		1				
121		1				
122		1				
123		1				
124		1				
125		1				
126		1				
127		1				
128		1				
129		1				
(30)	1					
131	1	1				
132		1				
133	1					
134		1				
135		1				
(36)	1					
(37)	1					
138		1				
139		1				
140		1				
141		1				
142		1				
143		1				
144		1				
145		1				
146		1				
147		1				
148						
149						
150						
TOTAL IND.	12					
TOTAL DEP.	70					
TOTAL CLAIMS	82					

	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
(98)						
(99)						
(100)						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/878 948

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
201				1				251						
202				1				252						
203			1					253						
204				1				254						
205								255						
206			1					256						
207				1				257						
208								258						
209								259						
210								260						
211								261						
212								262						
213								263						
214								264						
215								265						
216								266						
217								267						
218								268						
219								269						
220								270						
221								271						
222								272						
223								273						
224								274						
225								275						
226								276						
227								277						
228								278						
229								279						
230								280						
231								281						
232								282						
233								283						
234								284						
235								285						
236								286						
237								287						
238								288						
239								289						
240								290						
241								291						
242								292						
243								293						
244								294						
245								295						
246								296						
247								297						
248								298						
249								299						
250								300						
TOTAL IND.			17					TOTAL IND.						
TOTAL DEP.			125					TOTAL DEP.						
TOTAL CLAIMS			142					TOTAL CLAIMS						